

38961-14

Attorney Docket Number



OMB 0651-0032

First Named Invento	r BRITTON, Daniel W.				
COMP	COMPLETE IF KNOWN				
Application Number	09 <b>/</b> 925,726				
fter Filing Date	August 10, 2001				
Group Art Unit	3611				
Examiner Name	Not known				
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a	Application Number  after Filing Date  Group Art Unit				

As a below named Inventor, I hereby declare that:										
My residence, post office address, and citizenship are as stated below next to my name.										
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plura names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:										
"STROLLER"										
the specification of which (Title of the Invention)  is attached hereto OR										
was filed on	August 1	as United Sta	ates Application N	Number or PCT	International					
Application Number 09/	/925,926	and was amended	on (MM/DD/Y	YYY)		(If applicable)				
I hereby state that I have rev amended by any amendmen	I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.  I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.									
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365 (b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PC T international application having a filing date before that of the application on which priority is claimed.										
Prior Foreign Country		Foreign Filli	-	Priority Not Claimed	Certified Copy Attached?					
Application Number(s)		(MM/DD/Y		Hor Claimed	YES	NO				
2,316,013	CANADA	August 10	, 2000							
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Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:										
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.										
Application Nun		Filling Date (MM/DD/								
				number priority	nal provisional ap rs are listed on a data sheet PTO ed hereto.	supplemental				
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## **DECLARATION** – Utility or Design Patent Application

	ternational filing date of the rent Application or				t Filling Date	1	nt Patent Nu
Number					/DD/YYYY)	(	if applicable
D Additional U.S.	or PCT international app	olication numbe	ers are listed on	a supple	mental priority data	sheet PTO/SE	3/02B attached
As a named Inventor, I	hereby appoint the following	ig registered pra	ctitioner(s) to pro	secute thi	s application and to	ransact all busi	ness in the Place Custo
Patent and Trademark (	Office connected herewith:	OR	omer Number			<b>-</b>	Number Bar ( Label He
<u>.                                    </u>		Regi:			registration number l Nam		Regist
	Name		Registration Number		Nam		Num
ROSEANN B. CALI	DWELL	]	37,077				
JEFFREY T. DAINE	<b>ES</b>		41,540				
VELLICE L. DAME							
EDWARD YOO	ļ	41,435					
<b>73.</b> A <b>3. 3. 3. 3. 3. 3. 3. 3.</b>	red practitioner(s) named	Lon supplement	ntal Penistered I	Practition	er Information shee	t PTO/SB/020	attached hereto
<ul> <li>Additional register</li> <li>Direct all correspond</li> </ul>				Taction			
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		omer Number Code Label	or		OR	LX Corre	espondence add
Name		Code Label	or		OR	LXI Corre	espondence add
· · · · · · · · · · · · · · · · · · ·	Bar C	Code Label Caldwell	or		OR	LXI Corre	espondence ad
Name	Ms. Roseann B.	Code Label Caldwell S LLP			OR	LXI Corre	espondence add
Name Address	Ms. Roseann B. (	Code Label Caldwell S LLP		State	AB	Zip	T2P 4K7
Name Address Address City County	Bar Community Ms. Roseann B. Community Ms. Ros	Code Label Caldwell S LLP STREET S.W.	Telephone	(403) 2	AB 98-3661	Zip Fax	T2P 4K7 (403) 269-72
Name Address Address City County	Bar Community Ms. Roseann B. Community Ms. Ros	Code Label  Caldwell  S LLP  STREET S.W.	Telephone knowledge are	(403) 2 e true and e that will se statem	AB 98-3661 that all statements ful false statement ent may jeopardize	Fax s made on info s and the like the validity of	T2P 4K7 (403) 269-72 ormation and beliso made are purely the application
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Name Address Address City County I hereby declare that to be true; and further or imprisonment, or issued thereon. Name of Sole of DANIEL WILLIAM Inventor's Signature Residence: City	Ms. Roseann B. G  BENNETT JONE:  4500, 855 - 2nd S  CALGARY  CANADA  t all statements made here that these statements when the statements of the statement of the st	Code Label Caldwell S LLP STREET S.W.  Trein of my own were made with 1001 and that  middle [if any	Telephone  knowledge are the knowledge such willful false	(403) 2 e true and e that will se statem	AB 98-3661  that all statements ful false statement ent may jeopardize petition has been FRITTON	Zip Fax s made on info s and the like the validity of filed for this family Name	T2P 4K7 (403) 269-72 ormation and beliaso made are pure of the application unsigned inventor Surname  Date



**DECLARATION** 

DEC 2 1 2001

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page \_1\_ of \_1\_

Name of Additional Joint Inventor, if Any:					A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])					Family	/ Nam	ne or	Surname	)	
MILLER				KARL MAC	CK			<del></del>	-	
Inventor's Signature					<del></del>			Date		DEC/14/01
Residence: City	CALGARY State AB				Country	CANADA C		Citize	enship (	CA
Post Office Address	Bay F, 6810 - 6 <sup>th</sup> S	treet SE	- All Alexander							
Post Office Address										
City	Calgary	State	AB	3	Zip	T2A 2K4	Count	try	CANADA	
Name of Additional	Joint Inventor,	if Any:	:		<i>'</i>	A petition has be	een fil	ed for	this unsig	ned inventor
Given Name (first and middle [if any])					Family	y Nan	ne or	r Surname	9	
Inventor's Signature								Date		
Residence: City		State			Country	C		Citizo	enship	
Post Office Address				····						
Post Office Address										
City		State	T		ZIP	Coun		ntry	ntry	
Name of Additional	Joint Inventor,	if Any	<u>'</u> :			A petition has b	een fi	led fo	r this unsig	gned inventor
Given Name (first and middle [if any])			Family Name or Surname							
Inventor's Signature					<u></u>			Date	,	
Residence: City		State	}		Country			Citizenship		
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